

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-019374
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 27

FILED MAY 17 1962

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN HoldenLength of stay in 1b
76 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION E. H1 58Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Johnson

c. CITY OR TOWN Holden

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
E. Highway #58

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CLYDE

NORMAN

BRISCOE

4. DATE OF DEATH

Month

Day

Year

May 10, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/9/85

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer retired

10b. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (City and state or country)

Holden, Missouri

12. CITIZEN OF WHAT COUNTRY

U/S.A.

13a. FATHER'S NAME

Oliver Perry Briscoe

13b. MOTHER'S MAIDEN NAME

Sophronia Ferguson

14. NAME OF HUSBAND OR WIFE

Macie Maude Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

XXXX

17. INFORMANT

Maude Briscoe, Holden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease
Cerebral Hemorrhage
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Repeated strokes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 4 to May 10 and last saw him alive on May 10, 1962
Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. M. Ziegler M.D.

22b. ADDRESS

Holden, Mo.

22c. DATE SIGNED

5/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/13/1962

23c. NAME OF CEMETERY OR CREMATORY

Holden Cemetery

23d. LOCATION (City, town, or county)

Holden, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Canaday and Ropp, Holden, Mo.

25. DATE RECD. BY LOCAL REG.

5-13-62

26. REGISTRAR'S SIGNATURE

Bernie Ross

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.